2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2006 8:00 am DOCUMENT # N07670 **Secretary of State** 1. Entity Name 03-15-2006 90097 047 ****61.25 PALMETTO PARK CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 448 PALMETTO CT P O BOX 8065 NORTH PORT FL 34287 UNIT: VENICE FL 34285 . Mailing Address HQ5 S. (AMIAMI 2. Principal Place of Business 'FMB*IN3 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 65-0038952 فصروق Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 42U Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOORE ANTRARES GROUP INC Box Number is 760 SUGARWOOD WAY RECEIVED JAN 2 8 2006 MAIMA VENICE FL 34292 كهكارك 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent 03.06.06 mera SIGNATURE re, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11 Delete TITLE O19V☐ Change X Addition CIRILLO, DONCH KOVARIK, NINA NAME NAME E-B DOINERA BUDI 448 PALMETTO CT., A-1 STREET ADDRESS STREET ADDRESS CITY-S1-7IP VENICE FL 34285 CITY-ST-ZIP Vence FL 34885 ☐ Delete TITLE Change ☐ Addition TITLE MONTAGNANO, LOU NAME NAME STREET ADDRESS 448 PALMETTO CT., C-7 STREET ADDRESS VENICE FL 34285 CITY-ST-ZIP Change Ch ☐ Delete TITLE Addition DELGOD, SOEL NELSON, JOEL NAME NAME 448 Palmerzo Cr. B-6 448 PALMETTO CT B-6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Vedice FL 34885 VENICE FL 34285 CITY-ST-7IP ☐ Change Addition TITLE ☐ Detete TITLE KRUMENAKER, CYNTHIA C NAME NAME STREET ADDRESS 760 SUGARWOOD WAY STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIG

12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information